

Padlock Request Form

Padlock Request *Department is Charged*
 Padlock Key Request *Department is Charged*
 Damaged Key Replacement *No Charge if Key is Returned*
 Lost Key Replacement *Payment is Required*

| Requestor Information | | | | | | | |
|-----------------------|--|--|--------------------------|------|-----|---------|---------|
| Name | | | Department | | | | |
| Phone | | | Email | | | | |
| Bldg. | | | FOAPAL # | Fund | Org | Account | Program |
| Room # | | | MUST BE COMPLETED | | | 714700 | |

| Padlock / Padlock Key Recipient As appears on Valid Photo ID – Driver’s License, Passport, USA ID | | | | | | | |
|--|--|--|----------------|--|--------|-----------|--|
| First Name | | | M.I. | | | Last Name | |
| Jag Number | | | Email | | | Phone | |
| Department | | | Employee Title | | | | |
| Building | | | | | Room # | | |

| Padlock/Key Requested | | | | |
|-----------------------|--|--|----------------|--|
| Padlock/Key # | | | Serial # | |
| Number of Padlocks | | | Number of Keys | |

Reason for Padlock Request (Required):

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| AUTHORIZED BY Department Head , Dean , Vice President | | | | | | |
|---|--|--|------------|--|------|--|
| Signature | | | Print Name | | Date | |
| Signature | | | Print Name | | Date | |

Email Form to KeyManagement@southalabama.edu



To be completed upon receipt of Padlock and/or Key(s).

| Employee Signature: I certify that I have received the padlock and/or key(s) | | | | | | |
|--|--|--|------------|--|------|--|
| Signature | | | Print Name | | Date | |